

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF GENERAL SERVICES
DIVISION OF CONSOLIDATED LABORATORY SERVICES
600 NORTH 5TH STREET
RICHMOND, VIRGINIA 23219**

1-866-493-1087

**BACTERIOLOGICAL WATER
SAMPLE COLLECTION PROCEDURES-**

(Revised 3/19/04)

Responding to your request for water analysis, laboratory personnel have prepared and shipped the appropriate sample containers. These bottles contain the correct preservative. **DO NOT RINSE THESE BOTTLES PRIOR TO FILLING.** If these are **MPN** samples, **3 days notice** is required for the following tests: **MW TCMPNL, MW TFMPND, and MWTFMPNEW.** Please call the laboratory (804-648-4480, ext 265) **3 days prior to sample collection.** For samples being sent to the SW Regional Laboratory in Abingdon, VA, call (276-676-5435). Other tests do not require notification.

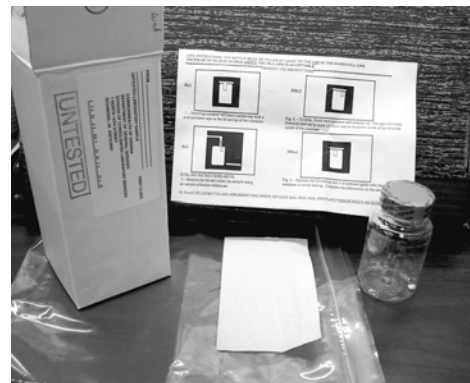
The number of bottles supplied will vary depending on the number of sites to be sampled. If more than one source is to be sampled, it will be necessary to separate the bottles into sets.

BACTERIOLOGICAL WATER

KIT CODE: BACTI

Components

1. BACTERIOLOGICAL WATER SAMPLE FORM
2. 125-ML PLASTIC BOTTLE
3. INSTRUCTIONS – SAMPLING
4. 8" X 10" ZIPLOCK BAG
5. #5 MAILING SLEEVE
6. RETURN ADDRESS LABEL



SAMPLE FORM

1. Each sample kit comes with a pre-printed sample form (See example on last page). Make any address changes on the form under **ADDRESS CHANGE**.
2. Each sample form contains 1 peel-off label to be placed on your sample bottle at the time of collection.
3. Before you begin your sample collection, fill out the information requested on this pre-printed form. The pre-printed label needs the date and time of sample collection. When entering the time of collection, use 24-hour Military Time (see example below).

Civilian	Military	Civilian	Military	Civilian	Military
6:00 AM	0600	12:00 Noon	1200	5:00 PM	1700
7:30 AM	0730	1:00 PM	1300	7:25 PM	1925
9:00 AM	0900	3:25 PM	1525	9:00 PM	2100

4. Under the label, fill in the information requested on sample collector and provide a telephone number we can call if there is a problem with the sample shipment.
5. Remove the label from the sample form and place it on your sample container before collecting the sample. The label sticks better on a dry container.
6. Each sample bottle contains an identifying label that will match the sample container label on the sample form (Ex.: BACTI is on the sample form and the peel-off label and also on the sample bottle for Bacteriological Water samples).
7. See the final page of these instructions for an example of the sample form.

SAMPLING PROCEDURE

These samples are being collected to determine the bacteriological content of drinking water. This sampling effort is required by the Virginia Department of Health, Office of Drinking Water.

To collect a sample, flush the faucet for at least **five minutes**, then adjust the flow to a slow even stream and run the chlorine residual test, if necessary. Fill out the information on the self-addressed label during flushing.

1. Fill out information on self-addressed label during flushing. Do not remove the self-adhesive label until you fill out the information completely. Use a ball point pen and press firmly. Wait one minute before peeling off the self-adhesive label and sticking it on the sample bottle. Do not cover the "100 ml fill line" on the bottle with the label. Note: The information written on the label is duplicated on the form.
2. Carefully remove the top from the bottle. Do not touch the inside of the cap or rim at the top of the bottle.
3. Fill the bottle at least to the "100 ml fill line" marked on the bottle. Do not overfill. There must be an air space between the top of the bottle and the lower part of the bottle neck to allow for mixing of the sample at the laboratory.
4. Samples will be rejected for testing if a new laboratory form and completely filled out bottle label are not included with each sample. Photocopies are not acceptable. Include the form and the labeled bottle in the shipping container for each sample.

Do not tape the mailing container in any way since this will cause handling problems at the laboratory. The white powder or tablet in the bottle is Sodium Thiosulfate used to neutralize any residual chlorine that may be present in the sample. Do not rinse the bottle.

Samples received **in the laboratory more than 30 hours after collection** will be rejected for testing.

Sample type key:

X – Resample	D – Regular Distribution
P – Plant Tap Sample	R – Repeat Sample
S – Special Sample	Q – Raw Water

Sample Time: Use 24-hour clock in recording the time the sample was taken. **For example:** If the sample was taken at 2:30 in the afternoon it would be entered as "1430" on this form (or 2:30 plus 12 hours = 1430 hours).

IF YOU HAVE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, CALL THE APPROPRIATE REGIONAL OFFICE OF DRINKING WATER (804-786-1758) OR DCLS AT 1-866-493-1087 (Monday – Friday, 8:15 A.M. – 5:00 P.M.).

SAMPLE SHIPMENT

1. Place the sample containers in the shipping container provided by the lab.
2. Ship the box to the DCLS Laboratory using one of the following:
 - a. DCLS Courier Service. Call the Regional ODW Regional Office (804-786-1758) or DCLS (804-648-4480 ext 109) for the location of the nearest pick-up point for the courier service. There is no charge for the courier service.
 - b. UPS
 - c. Fed Ex
 - d. Personal Carrier
3. If you use the SW Regional Laboratory in Abingdon, send samples to 165 East Valley Street, Abingdon, Virginia 24210-2831.
4. If you use the DCLS Richmond Laboratory, send samples to 600 N. 5th Street, Richmond, VA 23219.

Make any corrections to your mailing address

Peel-off Sample Label for Sample Bottle

ORDER #23523
UGS-22-201 (Rev 2001)

DIVISION OF CONSOLIDATED LABORATORY SERVICES 600 N 5th ST. RICHMOND VA 23219

ADDRESS CHANGE

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

City or County: BEDFORD COUNTY Lab Region: 1

Waterworks: BEDFORD PLACE SUBDIVISION #2

Mailing Address: 5019050

MS SUSAN TRAIL
BEDFORD PLACE SUBDIVISION #2
M & S WATERWORKS
2556 ROCKCLIFF RD
BEDFORD, VA 24523

Bacteriological Sample Must Be Received Within 30 Hours of Collection.

USE BALL POINT PEN ONLY PRESS FIRMLY

RETURN CARD WITH SAMPLE

For DCLS Use Only

() PRESENT () ABSENT

() UNSAT _____

Completion Date: _____

Waterworks which add chlorine (disinfectant) to the water must fill in a numerical value for the chlorine residual based on a test run at the time the sample is collected.

LIMS#	1012983		Chlorine Residual:	not.
Collected By:	Date:		Military Time:	
Telephone: ()				
Sample Location:	NONE		Sample collector must fill in all boxes. Bottle is for DGS DCLS use only and contains Sodium Thiosulfate.	
Location Code:	D800	Lab ID:	000090	
PWSID	5019050	Method	COLIPA	Sample Type: D

Print collector's name and phone number (number we can call if there is a problem)

Sample Form